

**PAYEE DATA RECORD (in lieu of IRS W-9)**

AOC PHOENIX Revised FY Updated 01/28/08 Form V1

(Required when receiving payments from the Judicial Council of California in lieu of IRS W-9)

**SECTION 1 THRU 6 TO BE COMPLETED BY VENDOR**

**INSTRUCTIONS:** Complete all information on this form. Sign, date, and return to court providing form. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information returns(1099). See Page two for more information and Privacy Statement.

PAYEE'S LEGAL NAME - AS SHOWN ON FEDERAL INCOME TAX RETURN

**1****Legal  
Name**

BUSINESS NAME - IF DIFFERENT FROM ABOVE

E-MAIL ADDRESS

MAILING ADDRESS

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

**2****Payee  
Entity  
Type****PLEASE CHECK APPROPRIATE BOX**☐

INDIVIDUAL/SOLE PROPRIETOR

☐

PARTNERSHIP

☐

CORPORATION

☐

LIMITED LIABILITY COMPANY

☐

CORPORATION - LEGAL

☐

EXEMPT

☐

CORPORATION - MEDICAL

☐

OTHER \_\_\_\_\_

**3****Check  
One Box  
Only**

EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

|\_|\_|\_| - |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**OR**

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

(SSN required for ALL Sole Proprietors)

**4****Resident  
Status**☐

California Resident - Qualified to do business in California or maintains place of business

☐

California Nonresident - Payments to nonresidence for services may be subject to State Income Tax

☐

No services performed in California

☐

Copy of Franchise Tax Board waiver of State Withholding attached

**5****Signature**

I hereby certify under the penalty of perjury that the information provided on this document is true and correct. Should my information change, I will promptly notify the State agency below.

VENDOR REPRESENTATIVE'S NAME (Type or Print)

TITLE

VENDOR SIGNATURE

DATE

TELEPHONE

**6****SECTION 7 TO BE COMPLETED BY RIVERSIDE SUPERIOR COURT**

Please choose from the AOC Vendor category below to help us expedite payment

☐

ARBITRATOR

☐

GENERAL (MISC)

☐

VOLUNTEER

☐

CONTRACTOR

☐

GRAND JURY

☐

OTHER \_\_\_\_\_

☐

COURT APPT. COUNCIL

☐

INTEREST PAYMENT ONLY

SUBMIT COMPLETED FORM TO:

[AngelaJean.Bartlett@riverside.courts.ca.gov](mailto:AngelaJean.Bartlett@riverside.courts.ca.gov)☐

COURT REPORTER

☐

INTERPRETER

☐

EMPLOYEE

☐

MEDIATOR

PAYMENT TERMS \_\_\_\_\_

Court Contact Name - RIVERSIDE - Angi Bartlett

Phone Number - 951-955-5540

(fax) 951-955-1957

**FOR AOC USE ONLY**

Vendor #

Assigned By:

**Please return completed form to:**

Superior Court of California, County of Riverside

Attn: Angi Bartlett

4050 Main Street, 3rd Floor

Riverside, CA 92501

Phone: 951-955-5540

Fax: 951-955-1957

**Requirement to Complete Payee Data Record**

	<p>A completed Payee Data Record (in lieu of the IRS W-9) is required for payments and will be kept on file at the Administrative Office of the Courts. Since each state agency with which you do business must have a separate Payee Data Record on file, it is possible for a payee to receive this form from various State Agencies.</p>
	<b>SECTION 1 THRU 6 TO BE FILLED OUT BY VENDOR</b>
1	Enter the payee's legal name. Sole proprietorships must also include the owner's full name. An individual must list his/her legal name as it appears on his/her Federal Income tax return. The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the physical location of business, if different than mailing address.
2	Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation.
3	<p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov</p> <p>For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	If you wish to have the money electronically transferred via an ACH credit to your bank account, please provide the information in this box.
6	Provide the name, title, signature, and telephone number of the individual completing this form. Also, provide the date the form was completed.
	<b>SECTION 7 TO BE FILLED OUT BY COURT</b>
7	Please check the box that best describe the type of business/work the vendor provides. This will assist us in processing payment. Include your name and contact information to assist with processing your request. Not including court contact information may delay processing vendor.
	<p>Privacy Statement</p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p>